



SOUTH AFRICAN POLICE SERVICE

SURRENDERING OF FIREARM ITEM(S)

Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE SURRENDER FORM IS CAPTURED												
1 Transaction reference No												

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE FIREARM ITEM(S), LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION IS SURRENDERED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	SAPS 13 reference number											
6	General firearm transactions register number											

C. PARTICULARS OF SURRENDERING PERSON

1 NATURAL PERSON'S DETAILS												
2	SA ID	Passport										
3	Identity number of natural person											
4	Passport number of natural person											
5	Surname									6 Initials		
7	Residential address											
										8 Postal Code		
9	Postal address											
										10 Postal Code		
11	Telephone number	11.1 Home	()	11.2 Work	()							
11.3	Cellphone number				12 Fax	()						
13	E-mail address											

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name											
17	Trading as name											
18	FAR number											

SAPS 522(a)

19	Postal address					20 Postal Code				
21	Business address					22 Postal Code				
23	Business telephone number	23.1 Work	()	23.2 Fax	()					
24	E-mail address									

RESPONSIBLE PERSON'S DETAILS

26	Responsible person (full name and surname)									
27	Type of identification (indicate with an X)	SA ID		Passport number						
28	Identity number of responsible person				-			-		
29	Passport number of responsible person									
30	Cellphone number									
31	Physical address					32 Postal Code				
33	Postal address					34 Postal Code				

If the firearm item is not being surrendered by the holder of the licence, permit, certificate or authorization, describe the relationship of the surrendering person with the holder of the licence, permit, certificate or authorization.

.....

.....

.....

TYPE OF SURRENDER (Indicate with an X)

37	Surrendering of a firearm licence, permit, certificate or authorization	<input type="checkbox"/>	Surrendering of firearm item	<input type="checkbox"/>
----	---	--------------------------	------------------------------	--------------------------

38 Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS

Date									
------	--	--	--	--	--	--	--	--	--

39 Reason(s) for surrendering of firearm licence, permit, certificate, authorization or item(s)

.....

.....

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.....

.....

.....

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.....

.....

D. DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION THAT IS TO BE SURRENDERED

	(1)	(2)	(3)	(4)
1 Type of licence				
2 Licence number				
3 Date issued				
4 Expiry date				

E. DETAILS OF FIREARM ITEM THAT IS TO BE SURRENDERED
DETAILS OF FIREARM

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

DETAILS OF PARTS

	(1)	(2)	(3)	(4)
9 Description of part				
10 Associated firearm make				
11 Associated firearm model				

DETAILS OF AMMUNITION

	(1)	(2)	(3)	(4)
13 Calibre				
14 Quantity				

F. SIGNATURE OF PERSON SURRENDERING THE ITEM(S) (Sign only if applicable)

1	<input type="text"/>	2	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of person surrendering in block letters												
3	Signature of person surrendering												
		4	Place	<input type="text"/>									

DECLARATION OF PERSON SURRENDERING THE ITEM(S)

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement on this surrendering form.

SAPS 522(a)

G. (This section must be completed only if the person surrendering the item(s) cannot read or write)

1

2 Fingerprint designation

3 Date

4
Name of person surrendering block letters

5 Place

Right index fingerprint of person surrendering

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH THE SURRENDERING

6.1
Name of police official in block letters

6.2
Persal number of police official

6.3
Rank of police official in block letters

6.4
Signature of police official

7 PARTICULARS OF WITNESS

7.1
Name of witness in block letters

7.2
Persal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

H. PARTICULARS OF INTERPRETER
(This section must be completed only if the person surrendering the item(s) cannot read or write or does not understand the content of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address Postal Code

5 Postal address Postal Code

7 Telephone number 7.1 Home () 7.2 Work ()

8 Cellphone number 8 Fax ()

10 E-mail address

11 interpreted from (language) to

12 Date

13
Signature of interpreter

14 Place

15
Rank of police official in block letters (if applicable)

16
Persal number of police official (if applicable)

FOR OFFICIAL USE BY THE POLICE STATION
PARTICULARS OF POLICE OFFICIAL WHO RECEIVED THE FIREARM LICENCE,
PERMIT, CERTIFICATE, AUTHORIZATION OR ITEM(S)

1
Name of police official in block letters

2 Date - -

3
Rank of police official in block letters

4 Place

5
Signature of police official

6 -
Persal number of police official



SOUTH AFRICAN POLICE SERVICE

FORFEITURE OF FIREARM ITEM(S)

Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE FIREARM ITEM IS KEPT	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 Property (SAPS 15) register reference number	

B. PARTICULARS OF THE HOLDER OF LICENCE, PERMIT OR AUTHORIZATION

1 **NATURAL PERSON'S DETAILS**

2 SA ID	Passport											
3 Identity number of natural person												
4 Passport number of natural person												
5 Surname						6 Initials						
7 Residential address												
										8 Postal Code		
9 Postal address												
										10 Postal Code		
11 Telephone number	11.1 Home	()	11.2 Work	()								
11.3 Cellphone number				12 Fax	()							
13 E-mail address												

14 **JURISTIC PERSON'S DETAILS**

15 **OTHER BODIES**

16 Registered company name												
17 Trading as name												
18 FAR number												
19 Postal address												
										20 Postal Code		
21 Business address												
										22 Postal Code		
23 Business telephone number	23.1 Work	()	23.2 Fax	()								
24 E-mail address												

25 **RESPONSIBLE PERSON'S DETAILS**

25	Responsible person (full name and surname)																
27	Type of identification (indicate with an X)	SA ID				Passport number											
23	Identify number of responsible person					-					-					-	
23	Passport number of responsible person																
30	Cellphone number																
31	Physical address																
													Postal Code				
33	Postal address																
													Postal Code				

C. DETAILS OF THE FIREARM ITEM(S) FORFEITED

1 **DETAILS OF FIREARM**

	(1)	(2)	(3)	(4)	
2	Type				
3	Calibre				
4	Make				
5	Model				

Firearm component type:

6	Barrel serial number				
6.1	Make				
7	Frame serial number				
7.1	Make				
8	Receiver serial number				
8.1	Make				

9 **DETAILS OF PARTS**

	(1)	(2)	(3)	(4)	
10	Description of part				
11	Associated firearm make				
12	Associated firearm model				

13 **DETAILS OF AMMUNITION**

	(1)	(2)	(3)	(4)	
14	Calibre				
15	Quantity				

16 Reason(s) for forfeiture

.....

.....

.....

.....

.....

SAPS 522(b)

17 Disposal instruction

18 Forfeiture date

Date [][] - [][] - [][][][]

D. FOR OFFICIAL USE BY THE POLICE STATION

1 []
Name of police official in block letters

2 Date [][] - [][] - [][][][]

3 []
Rank of police official in block letters

4 Place []

5
Signature of police official

6 [][][][][][][][] - [][]
Persal number of police official



SOUTH AFRICAN POLICE SERVICE

ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

A. PARTICULARS OF POLICE STATION

1	Police station where documentation was received																					
2	Telephone number	()				3 Fax	()															
4	Reference No																					

B. TYPE OF ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

1	Type of firearm documentation received																					
.....																						
.....																						
.....																						

C. PARTICULARS OF THE PERSON FROM WHOM THE FIREARM DOCUMENTATION IS RECEIVED
(Fill in if applicable)

1	NATURAL PERSON'S DETAILS																					
2	Identity number																					
3	Passport number																					
4	Surname											5 Initials										

6	JURISTIC PERSON'S DETAILS																					
7	Registered company name																					
8	Trading as name																					
9	FAR number																					

10	RESPONSIBLE PERSON'S DETAILS																					
11	Responsible person (full names and surname)																					
12	Type of identification (Indicate with an X)	SA ID					Passport number															
13	Identity number of responsible person																					
14	Passport number of responsible person																					

15	GOVERNMENT INSTITUTION'S DETAILS																					
16	institution name																					
17	institution FAR number																					

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18

RESPONSIBLE PERSON'S DETAILS

19

Responsible person (full name and surname)

20

Type of Identification (indicate with an X)

21

Identify number of responsible person

22

Passport number of responsible person

D. PARTICULARS OF DESIGNATED FIREARMS OFFICER

1

Name of Designated Firearms Officer in block letters

2 Rank of Designated Firearms Officer in block letters

5 OFFICIAL DATE STAMP

3

Persal number of Designated Firearms Officer

4 Signature of Designated Firearms Officer



SOUTH AFRICAN POLICE SERVICE

REMITTANCE ADVICE FOR FIREARM APPLICATIONS

A. PARTICULARS OF POLICE STATION

1	Police station where application was captured																			
2	Telephone number	()	Fax			()														
4	Reference number of register																			

B. TYPE OF APPLICATION RECEIVED

1	Type of application										

C. PARTICULARS OF APPLICANT (Complete if applicable)

NATURAL PERSON'S DETAILS

2	Identity number																			
3	Passport number																			
4	Surname											Initials								

JURISTIC PERSON'S DETAILS

7	Registered company name																			
8	Trading as name																			
9	FAR number																			

RESPONSIBLE PERSON'S DETAILS

11	Responsible person (full names and surname)																			
12	Type of identification (indicate with an X)	SA ID			Passport number															
13	Identity number of responsible person																			
14	Passport number of responsible person																			

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D. PAYMENT DETAILS

1	FCS application reference No																				
2	Amount to be paid	R																			

E. PARTICULARS OF DESIGNATED FIREARMS OFFICER

<p>1</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name of Designated Firearms Officer in block letters</p>	<p>2</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Rank of Designated Firearms Officer in block letters</p>	<p>5</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>OFFICIAL DATE STAMP</p>																					
<p>3</p> <table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Persal number of Designated Firearms Officer</p>																							



SOUTH AFRICAN POLICE SERVICE

NOTICE OF APPEAL

Section 133 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE APPEAL BOARD	
¹ Outstanding/Additional information required	
.....	
.....	
.....	
² Date	
.....	
³ Signature of the Secretary: Appeal Board	⁴ Name in block letters
.....	
⁵ Appeal upheld (indicate with an X)	⁶ Conditions
.....	
.....	
.....	
⁷ Date	
.....	
⁸ Signature of the Chairperson: Appeal Board	⁹ Name in block letters
.....	
¹⁰ Appeal not upheld (indicate with an X)	¹¹ Comments
.....	
.....	
.....	
¹² Date	
.....	
¹³ Signature of the Chairperson: Appeal Board	¹⁴ Name in block letters
.....	

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B. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2	SA ID	Passport		
3	Identity number			
4	Passport number			
5	Surname		Initials	
7	Residential address			
		Postal Code		
9	Postal address			
		Postal Code		
11	Telephone number	11.1 Home ()	11.2 Work ()	
11.3	Cellphone number		12 Fax ()	
13	E-mail address			

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Postal address			
		Postal Code		
21	Business address			
		Postal Code		
23	Business telephone number	23.1 Work ()	23.2 Fax ()	
24	E-mail address			

25 RESPONSIBLE PERSON'S DETAILS

26	Responsible person (full names and surname)			
27	Type of identification (indicate with an X)	SA ID	Passport number	
28	Identity number of responsible person			
29	Passport number of responsible person			
30	Cellphone number			
31	Physical address			
		Postal Code		
33	Postal address			
		Postal Code		

35 REPRESENTATIVE'S DETAILS

36	Full name and surname			
37	Type of identification (indicate with an X)	SA ID	Passport number	

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D. FIREARM DETAILS
(Complete only if the appeal involve a firearm)

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

E. DETAILS OF THE CURRENT OWNER OF THE FIREARM

1 SA ID		Passport	
2 Identity number			
3 Passport number			
4 Surname			⁵ Initials
6 Residential address			⁷ Postal Code
8 Postal address			⁸ Postal Code
10 Telephone number	^{10.1} Home ()	^{10.2} Work ()	
10.3 Cellphone number		¹¹ Fax ()	
12 E-mail address			

DECLARATION BY APPLICANT/AUTHORIZED PERSON/REPRESENTATIVE

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this notice.


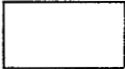
F. SIGNATURE OF APPLICANT (Sign only if applicable)

1	Name of applicant in block letters	2	Date
3	Signature of applicant	4	Place

G. SIGNATURE OF AUTHORIZED PERSON/REPRESENTATIVE

1	Name and surname of authorized person/representative		
2	Designation	3	Date
4	Signature of authorized person/representative	5	Place

H. (This section must only be completed if the applicant cannot read or write)

1  2 Fingerprint designation 

3 Date

				-				-			
--	--	--	--	---	--	--	--	---	--	--	--

4
Name of applicant in block letters

5 Place

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE

6.1
Name of police official in block letters

6.2

								-			
--	--	--	--	--	--	--	--	---	--	--	--

Persal number of police official

6.3
Rank of police official in block letters

6.4
Signature of police official

7 PARTICULARS OF WITNESS

7.1
Name of witness in block letters

7.2

								-			
--	--	--	--	--	--	--	--	---	--	--	--

Persal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

I. PARTICULARS OF INTERPRETER
(This section must only be completed if the applicant cannot read or write, or does not understand the content of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3 Residential address ⁴ Postal Code

--	--	--	--	--

5 Postal address ⁶ Postal Code

--	--	--	--	--

7 Telephone number ^{7.1} Home () ^{7.2} Work ()

8 Cellphone number ⁸ Fax ()

10 E-mail address

11 Interpreted from (language) to

12 Date

								-											
--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

13
Signature of interpreter

14 Place

15
Rank of police official in block letters (if applicable)

16

										-									
--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--

Persal number of police official (if applicable)



SOUTH AFRICAN POLICE SERVICE

REQUEST TO ALTER FIREARM BY A GUNSMITH

Section 59 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP DATE RECEIVED	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED ¹ Request reference No <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED																				
Province																			
Area																			
Police station																			
Component code																			
General firearm transactions register No	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																																							
¹ Outstanding/Additional information required																																						
<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ² Persal number																				<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ³ Date																			
..... ⁴ Signature of police official	<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 15px;"> </table> ⁵ Name in block letters																																						
⁶ Alteration approved (Indicate with an X) <input type="checkbox"/>																																						
<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ⁷ Persal number																				<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ⁸ Date																			
..... ⁹ Signature of CFR officer	<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 15px;"> </table> ¹⁰ Officer code																																						
..... ¹¹ Name in block letters	<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 15px;"> </table>																																						
¹² Alteration refused (Indicate with an X) <input type="checkbox"/>	¹³ Reason(s) for refusal																																						
.....																																							
<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ¹⁴ Persal number																				<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ¹⁵ Date																			
..... ¹⁶ Signature of CFR officer	<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 15px;"> </table> ¹⁷ Officer code																																						
..... ¹⁸ Name in block letters	<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 15px;"> </table>																																						

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E. PARTICULARS OF THE REQUESTER

1 NATURAL PERSON'S DETAILS

2	SA ID	Passport		
3	Identity number		-	-
4	Passport number			
5	Surname		6 Initials	
7	Residential address			
9	Postal address		8 Postal Code	
11	Telephone number	11.1 Home ()	11.2 Work ()	
11.3	Cellphone number		12 Fax ()	
13	E-mail address			

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Postal address		20 Postal Code	
21	Business address		22 Postal Code	
23	Business telephone number	23.1 Work ()	23.2 Fax ()	
24	E-mail address			

25 RESPONSIBLE PERSON'S DETAILS

26	Responsible person (full names and surname)			
27	Type of identification (indicate with an X)	SA ID	Passport number	
28	Identity number of responsible person		-	-
29	Passport number of responsible person			
30	Cellphone number			
31	Physical address			
33	Postal address		32 Postal Code	
			34 Postal Code	

F. PARTICULARS OF GUNSMITH

1	Gunsmith's name			
2	Gunsmith's FAR number			

3	Postal address				
		4 Postal Code			
5	Business address				
		6 Postal Code			
7	Business telephone number	7.1 Work	()	7.2 Fax	()
8	E-mail address				

9 DECLARATION BY REQUESTER

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this request form.

G. SIGNATURE OF REQUESTER/GUNSMITH (Sign only if applicable)

1	2
<input style="width:100%;" type="text"/>	Date <input style="width:100%;" type="text"/>
Name of requester in block letters	

3	4
..... Signature of requester	Place <input style="width:100%;" type="text"/>

5 DETAILS OF GUNSMITH

6	7
<input style="width:100%;" type="text"/>	Date <input style="width:100%;" type="text"/>
Name of gunsmith in block letters	

8	9
..... Signature of gunsmith	Place <input style="width:100%;" type="text"/>

H. (This section must be completed only if the requester cannot read or write.)

1	2	3	4
<input style="width:100%; height:80px;" type="text"/>	Fingerprint designation	Date <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Right index fingerprint of the requester	<input style="width:80px; height:30px;" type="text"/>		Name of requester in block letters
			5 Place <input style="width:100%;" type="text"/>

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST

6.1	6.2
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Name of police official in block letters	Personal number of police official
6.3	6.4
<input style="width:100%;" type="text"/> Signature of police official
Rank of police official in block letters	

7 PARTICULARS OF WITNESS

7.1	7.2
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Name of witness in block letters	Personal number of witness
7.3	7.4
<input style="width:100%;" type="text"/> Signature of witness
Rank of witness in block letters	

I. PARTICULARS OF INTERPRETER (This section must be completed only if the requester cannot read or write or does not understand the content of this form.)

1	Name and surname of interpreter			
2	Identity/Passport number of interpreter			

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3	Residential address					Postal Code				
5	Postal address					Postal Code				
7	Telephone number	7.1 Home	()	7.2 Work	()					
8	Cellphone number				8 Fax	()				
10	E-mail address									
11	Interpreted from (language)		to							

12	Date				-			-		
14	Place									

Signature of interpreter

15

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Rank of police official in block letters (if applicable)

16

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Personal number of police official (if applicable)

J. IN CASE OF NOMINEE/AUTHORISED PERSON

1	Name and surname of nominee/authorized person									
2	Identity/Passport number of nominee/authorized person									

3

Date					-			-		
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5

Place										
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Signature of nominee/authorized person

K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1		RECOMMENDATION REGARDING THE REQUEST			
		Recommended		Not recommended	
2	Motivation	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

3

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Name of Designated Firearms Officer/Station Commissioner in block letters

4

Date					-			-		
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5

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Rank of Designated Firearms Officer/Station Commissioner in block letters

6

Place										
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Signature of Designated Firearms Officer/Station Commissioner

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Personal number of Designated Firearms Officer/Station Commissioner